


FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

Title of Invention	Automated Tissue Staining System and Reagent Container										
Application Number :	09/994458										
Date :	2005-06-03										
First Named Applicant:	Mr. Ken K. Tseung										
Attorney Docket Number:	labv04										
Art Unit:	1743										
Examiner :	Maureen Wallenhorst										
TOTAL FEE AUTHORIZED \$ 180											
Patent fees are subject to annual revisions on or about October 1st of each year.											
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
Fee Description	Fee Code	Amount \$	Fee Paid \$								
Submission Of Information Disclosure Stmt Fee	1806	180	180								
AUTHORIZED BILLING INFORMATION											
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:											
Deposit account number:	233000										
Access Code	****										
Deposit name:	WHE										
Deposit authorized name:	WHE										
Signature:	/David H. Brinkman/										
Date (YYYYMMDD):	2005-06-03										
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.											